

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

7176

File No. 1483

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis* (No. *Ste. Genevieve*) St. Ward

**2. FULL NAME**

(a) Residence. No. *751 Folk Ave.* St. *4* Ward. *Maplewood Mo.*  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

*Female*

4. COLOR OR RACE

*White*

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

*Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

*Louis C. Hinchcliff*

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

*Jan. 23 = 1875*

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>56</i>	<i>=</i>	<i>12</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Housewife*  
(b) General nature of industry, business, or establishment in which employed (or employer) *235*  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER

*Thaddeus Johnson*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Tennessee*

12. MAIDEN NAME OF MOTHER

*Mary J. Carter*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Tennessee*

14.

INFORMANT *Louis Hinchcliff*  
(Address) *751 Folk Ave.*

15.

FILED *5 1931* *Max C. Tanker* REGISTRAR

**3. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR)

*Feb. 4, 1931*

17.

I HEREBY CERTIFY, That I attended deceased from *Jan. 31*, 1931, to *Feb. 4*, 1931, that I last saw *her* alive on *Feb. 4*, 1931, and that death occurred, on the date stated above, at *10:5 P. m.*

THE CAUSE OF DEATH WAS AS FOLLOWS:

*Acute Right Lobar Pneumonia.*  
*12 7/13*  
*108* (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

*Acute Chole-Cystitis*  
~~.....~~ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH. *St. Louis at home*

DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *1-31-31*

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *Consultation*

(Signed) *W. Marquardt* M. D.

, 1931. (Address) *977 Arcade Bldg*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

*Bourban Mo. Feb. 6, 1931.*

20. UNDERTAKER

ADDRESS

*Geo. W. Clark* *1125*  
*Hodiamont*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WWW.COURTESY.WITH OUPDING INK—THIS IS A PERMANENT RECORD

Amadeo R. A. S.  
Chestnut 0304  
3-105 P.M.